



CITY OF ROSEMOUNT
2875 145th Street West
Rosemount, Mn 55068
Phone (651)322-2024

Permit Application	
Building	_____
Plumbing	_____
Heating	_____
Sewer	_____
Private Septic	_____

Site Address: _____

Legal Description: Lot _____ Block _____ Subdivision _____

or PID # _____

Owner Name: _____	Contractor: _____
Address: _____	Address: _____
City/State: _____ Zip: _____	City/State: _____ Zip: _____
Phone: _____	State License No. _____

Contact: _____ Phone: _____ Fax: _____

Description of Work: _____

Valuation (including labor): _____

Does this plan qualify for SS1300.0160 _____ yes _____ no. If yes, the master plan number is _____

The undersigned acknowledges that he/she has read this application and the above information is correct and accurate. Applicant also understands by signing this application that he/she could be held responsible as representative of this project for any violation of compliance with all applicable laws and ordinances of the City of Rosemount.

Signature of Applicant or Authorized Agent _____	Date _____
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NOTICE: This is an application only. Permit will be issued after City approval and payment of fees.

***** FOR OFFICE USE ONLY *****

Engineering Approval _____ Date _____	Type of Const _____
Planning Approval _____ Date _____	Occupancy Classification _____
Fire Marshal Approval _____ Date _____	Special Conditions _____
Building Approval _____ Date _____	_____